| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 8 | 03/14/01 |
| FORMALITY REVIEW | BE | 297 | 03-15-01 |
| RESPONSE FORMALITY REVIEW | | | |

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| | | |
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| = ................................. Allowed | I ................................. Interference |
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| Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | |
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If more than 150 claims or 10 actions
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